Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MINNESOTA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Jennifer First name I. Middle name Tunnell Last name and Suffix (Sr., Jr., II, III)	James First name Andrew Middle name Morrison Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Jenne Tunnell Jenne Tunnell Morrison	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2032	xxx-xx-9947

V 5 !		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.	EIN	EIN
5.	Where you live	230 Roosevelt Circle Apt. #201 Mankato, MN 56001	If Debtor 2 lives at a different address: 416 North Meridian Street Belle Plaine, MN 56011
		Number, Street, City, State & ZIP Code Blue Earth County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	Number, Street, City, State & ZIP Code Sibley County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

	otor 1 otor 2	Jennifer I. Tunnell James Andrew Mo					Case number (if known)			
Par	t 2:	Tell the Court About	our Bank	cruptcy Ca	ise					
7.	Bank	hapter of the ruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under		☐ Chapter 7							
			☐ Chap	ter 11						
			☐ Chap	ter 12						
			■ Chap	ter 13						
8.	How	you will pay the fee	ab ord	out how yo	ou may pay. Typical attorney is submitti	ly, if you are paying the fee yo	k with the clerk's office in your local co burself, you may pay with cash, cashie alf, your attorney may pay with a credi	r's check, or money		
						ments. If you choose this option	on, sign and attach the Application for	Individuals to Pay		
			bu ap	t is not req plies to yo	uired to, waive you ur family size and y	r fee, and may do so only if yo ou are unable to pay the fee ir	n only if you are filing for Chapter 7. By our income is less than 150% of the off n installments). If you choose this optic	icial poverty line that on, you must fill out		
			the	e Applicatio	on to Have the Cha _l	oter 7 Filing Fee Waived (Offic	cial Form 103B) and file it with your pe	lition.		
9.		you filed for ruptcy within the	■ No.							
		years?	☐ Yes.							
				District		When	Case number			
				District		When	Case number			
				District		When	Case number			
10.		ny bankruptcy	■ No							
	filed l not fi you, c	s pending or being by a spouse who is ling this case with or by a business er, or by an tte?	☐ Yes.							
				Debtor			Relationship to you			
				District		When	Case number, if known			
				Debtor			Relationship to you			
				District		When	Case number, if known			
11.		ou rent your	■ No.	Go to I	ine 12.					
	resid	ence?	☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	st you?			
					No. Go to line 12.	-				
					Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) a	nd file it as part of		

	otor 2 James Andrew M	_			Case number (if known)	
Par	t 3: Report About Any Bu	ısinesses	You Own	as a Sole Propriet	or	
	Are you a sole proprietor of any full- or part-time business?	■ No.		Part 4.	<u>~</u>	
	business !	☐ Yes.	Name	and location of busi	iness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	e & ZIP Code	
	it to this petition.		Check	the appropriate box	x to describe your business:	
					ess (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))	
				-	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. §	proceed you are o	under Subshoosing to statemer (B).	ochapter V so that it opposeed under Sub	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations he tax return or if any of these documents do not exist, follow the procedure in 11 U.S ter 11.	5,
	1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	11, but I am NOT a small business debtor according to the definition in the Bankrupto	у	
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, a d under Subchapter V of Chapter 11.	ind
		☐ Yes.			11, I am a debtor according to the definition in \S 1182(1) of the Bankruptcy Code, and Subchapter V of Chapter 11.	I
Par	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?		
	identifiable hazard to public health or safety?					
	Or do you own any property that needs immediate attention?			iate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?		
	-				Number, Street, City, State & Zip Code	

Debtor 1 Jennifer I. Tunnell
Debtor 2 James Andrew Morrison

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 otor 2	Jennifer I. Tunnell James Andrew Mo			Case nu	imber (if known)	
Par	t 6: A	Answer These Questi	ons for Re	porting Purposes			
16.	What you h	kind of debts do ave?		Are your debts primarily consun individual primarily for a personal,		defined in 11 U.S.C. § 101(8) as "incurred by an	
				☐ No. Go to line 16b.			
				Yes. Go to line 17.			
				Are your debts primarily busines money for a business or investmer			
				☐ No. Go to line 16c.			
				☐ Yes. Go to line 17.			
			16c.	State the type of debts you owe that	at are not consumer debts or bus	siness debts	
17.	Are ye	ou filing under ter 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.		
	after	ou estimate that any exempt erty is excluded and		I am filing under Chapter 7. Do you are paid that funds will be available		property is excluded and administrative expenses tors?	
	admir	nistrative expenses		□ No			
	be av	aid that funds will ailable for bution to unsecured tors?		□ Yes			
18.		many Creditors do	1 -49		□ 1,000-5,000	2 5,001-50,000	
	you e owe?	stimate that you	□ 50-99 □ 100-19	9	☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000	
			□ 200-99	9			
19.		much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion	
	be wo	ate your assets to orth?	□ \$50,001 - \$100,000 □ \$100,001 - \$500,000		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion	
				01 - \$1 million	□ \$100,000,001 - \$100 million		
20.		much do you ate your liabilities	\$0 - \$5	· ·	\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion	
	to be			01 - \$100,000 01 - \$500.000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
			□ \$500,001 - \$500,000		□ \$100,000,001 - \$500 million		
Par	t 7:	Sign Below					
For	you		I have exa	mined this petition, and I declare u	nder penalty of perjury that the in	nformation provided is true and correct.	
						jible, under Chapter 7, 11,12, or 13 of title 11, I I choose to proceed under Chapter 7.	
				ney represents me and I did not pa , I have obtained and read the notic		is not an attorney to help me fill out this).	
			I request r	elief in accordance with the chapte	r of title 11, United States Code,	specified in this petition.	
				y case can result in fines up to \$25		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,	
			/s/ Jenni	fer I. Tunnell		ndrew Morrison	
				I. Tunnell of Debtor 1	James Andr Signature of D	ew Morrison ebtor 2	
			Executed	August 24, 2023 MM / DD / YYYY	Executed on	August 24, 2023 MM / DD / YYYYY	

Debtor 1 Jennifer I. Tunnel Debtor 2 James Andrew M	•	Cas	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United State for which the person is eligible. I also certify that I have	es Code, and have	explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify schedules filed with the petition is incorrect.		` ,
	/s/ Stephen J. Behm Signature of Attorney for Debtor	Date	August 24, 2023 MM / DD / YYYY
	Stephen J. Behm 263758 Printed name		
	Behm Law Group, Ltd. Firm name 424 Park Lane		
	Suite 1 Mankato, MN 56001 Number, Street, City, State & ZIP Code		

Email address

Contact phone **507-387-7200**

263758 MN Bar number & State stephen@mankatobankruptcy.com

Fill	in this informa	ation to identify your case	e:				
Del	otor 1	Jennifer I. Tunnell					
Det	otor 2	First Name James Andrew Morri	Middle Name	Last Name			
	ouse if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Bank	cruptcy Court for the: D	STRICT OF MINNESOTA				
1	se number				_	Check if this is an amended filing	
<u>Of</u>	ficial For	m 106Sum					
				ertain Statistical Informatio		12/15	
info	rmation. Fill οι	ıt all of your schedules fi		ng together, both are equally responsib mation on this form. If you are filing am ox at the top of this page.			
Par	t 1: Summa	ize Your Assets					_
						our assets alue of what you own	
1.	Schedule A/E 1a. Copy line	B: Property (Official Form 55, Total real estate, from	106A/B) Schedule A/B		\$	313,000.0	10
	1b. Copy line	62, Total personal property	v, from Schedule A/B		\$	\$307,575.7	<u>'1</u>
	1c. Copy line	63, Total of all property on	Schedule A/B		\$	620,575.7	<u>'1</u>
Par	t 2: Summa	ize Your Liabilities					
						our liabilities mount you owe	
2.			s Secured by Property (Official, Amount of claim, at the bott	al Form 106D) om of the last page of Part 1 of <i>Schedule L</i>	D \$	155,724.3	6
3.	Schedule E/F 3a. Copy the	: Creditors Who Have Uns total claims from Part 1 (p	ecured Claims (Official Form iority unsecured claims) from	106E/F) line 6e of <i>Schedule E/F</i>	\$	\$1,865.1	4
	3b. Copy the	total claims from Part 2 (no	onpriority unsecured claims) f	rom line 6j of Schedule E/F	\$	\$144,481.4	5
				Your total liabili	ties \$	302,070.95	-
Par	t 3: Summa	rize Your Income and Exp	penses				
4.		our Income (Official Form of mbined monthly income from			\$	5,633.4	9
5.		our Expenses (Official For onthly expenses from line 2			\$	5,133.0	10
Par	t 4: Answer	These Questions for Adr	ninistrative and Statistical F	Records			
6.		for bankruptcy under C have nothing to report on t	•	is box and submit this form to the court with	n your oth	ner schedules.	
7.	YesWhat kind of	debt do you have?					
				re those "incurred by an individual primarily atistical purposes. 28 U.S.C. § 159.	for a pers	sonal, family, or	
		bts are not primarily conwith your other schedules		ing to report on this part of the form. Check	this box	and submit this form to	

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,213.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,865.14
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	56,893.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	58,758.14

Fill in this information	!f T-						
	ennifer I. Turst Name		Name	Last Name			
		ew Morrison					
Spouse, if filing) Fi	rst Name	Middle	Name	Last Name			
Jnited States Bankrup	otcy Court for	the: DISTRICT	OF MIN	INESOTA			
Case number							☐ Check if this is ar amended filing
					-	•	· ·
Official Form	106A/B						
Schedule A	√B: Pr	operty					12/15
Part 1: Describe Each	Residence, Bu	uilding, Land, or Otl	her Real	Estate You Own or Have an Interest In			
Do you own or have :							
_	any legal or eq	uitable interest in a	ıny resid	lence, building, land, or similar property?			
☐ No. Go to Part 2. ☐ Yes. Where is the		uitable interest in a	iny resid	lence, building, land, or similar property?			
No. Go to Part 2. ■ Yes. Where is the		uitable interest in a					
No. Go to Part 2. ■ Yes. Where is the	oroperty?			t is the property? Check all that apply	Do not ded	uct secured cla	ims or exemptions. Put
No. Go to Part 2. ■ Yes. Where is the	oroperty?	ı.	What		the amount	of any secured	ims or exemptions. Put
No. Go to Part 2. Yes. Where is the part 1.1 416 North Mer	oroperty?	ı.		t is the property? Check all that apply Single-family home	the amount	of any secured	
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer	oroperty?	ı.	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building	the amount Creditors V	t of any secured Who Have Clain	d claims on Schedule D: ns Secured by Property.
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer	oroperty?	ı.	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	t of any secured Who Have Clain	claims on Schedule D:
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer Street address, if avail	idian Street	<u>t</u> cription	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount Creditors V Current va entire prop	t of any secured Who Have Clain	d claims on Schedule D: as Secured by Property. Current value of the portion you own?
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer Street address, if avail	ridian Street able, or other desc	t cription 56011-0000	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current va entire prop	t of any secured who Have Clain lue of the perty?	Current value of the portion you own? \$313,000.00 Schedule D: Current value of the portion you own?
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer Street address, if avail	ridian Street able, or other desc	t cription 56011-0000	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current va entire prop \$31 Describe ti (such as fa life estate	t of any secured who Have Claim lue of the perty? 13,000.00 the nature of your see simple, tenate), if known.	current value of the portion you own? \$313,000.00
No. Go to Part 2. Yes. Where is the part 2. 1 416 North Mer Street address, if avail Belle Plaine City	ridian Street able, or other desc	t cription 56011-0000	What	st is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current va entire prop \$31 Describe ti (such as fe	t of any secured who Have Claim lue of the perty? 13,000.00 the nature of your see simple, tenate), if known.	Current value of the portion you own? \$313,000.00 Schedule D: Current value of the portion you own?
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer Street address, if avail Belle Plaine City Sibley	ridian Street able, or other desc	t cription 56011-0000	What	st is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current va entire prop \$31 Describe ti (such as fa life estate	t of any secured who Have Claim lue of the perty? 13,000.00 the nature of your see simple, tenate), if known.	Current value of the portion you own? \$313,000.00 Schedule D: Current value of the portion you own?
Yes. Where is the part 2. Yes. Where is the part 2. 416 North Mer Street address, if avail Belle Plaine City	ridian Street able, or other desc	t cription 56011-0000	What	single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$31 Describe ti (such as fe a life estati Fee simp	t of any secured who Have Claim lue of the perty? 13,000.00 the nature of your se simple, tense), if known. ple	Current value of the portion you own? \$313,000.00 Schedule D: Current value of the portion you own?
No. Go to Part 2. Yes. Where is the part 2. 1.1 416 North Mer Street address, if avail Belle Plaine City Sibley	ridian Street able, or other desc	t cription 56011-0000	What	single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$31 Describe ti (such as fe a life estate Fee simp	t of any secured who Have Claim lue of the perty? 13,000.00 the nature of your sees simple, tensel, if known. ple c if this is cometructions)	Current value of the portion you own? \$313,000.00 Our ownership interest ancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debto		ames Andrew Morrison		Case number (if known)	
. Car	s, vans,	trucks, tractors, sport utility	vehicles, motorcycles		
ПΝ	la.				
■ Y					
— Y	es				
3.1	Make:	Audi	Who has an interest in the property? Charles	Do not deduct secur	ed claims or exemptions. Put
3.1	Model:	A3/53 Quattro	Who has an interest in the property? Check one	the amount of any se	cured claims on Schedule D: Claims Secured by Property.
	Year:	2015	_ ■ Debtor 1 only □ Debtor 2 only		
		nate mileage: 75,000		Current value of the entire property?	Current value of the portion you own?
	Other info		☐ At least one of the debtors and another		, ,
Γ	Debtor	#1 only - purchased in	1	4.5	
		nmer of 2014 for	☐ Check if this is community property	\$15,000.0	\$15,000.00
L	\$38,000	0.00	(see instructions)		
		•		Do not doduct coour	ed claims or exemptions. Put
3.2	Make:	Subaru	Who has an interest in the property? Check one	the amount of any se	cured claims on Schedule D:
	Model:	Outback	Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:	2018	Debtor 2 only	Current value of the	
		nate mileage: 85,000	,	entire property?	portion you own?
Г	Other info		☐ At least one of the debtors and another		
	Debtor	#2 only	☐ Check if this is community property	\$23,000.0	0 \$23,000.00
			(see instructions)		
. Adα		llar value of the portion you	own for all of your entries from Part 2, includir	ng any entries for	
			te that number here		\$38,000.00
	=			_	
		be Your Personal and Household	interest in any of the following items?		Current value of the
o yo	u own o	Thave any legal of equitable	interest in any of the following items:		portion you own? Do not deduct secured claims or exemptions.
	amples: I	goods and furnishings Major appliances, furniture, line	ens, china, kitchenware		
- \	Yes. De	scribe			
		lointly owner	d - general and unremarkable furniture, a	ppliances	
			cor - see numbers 5 and 6 of attached Ex		\$4,595.0
		Γ 			
			s gardening tools and other household it n attached Exhibit "A" - jointly owned	tems - see	\$1,295.0
		Indiliber 11 Of	rattached Exhibit A - Johnty Owned		Ψ.,230.0
		PA*			
			s books, pictures, art objects and collect n attached Exhibit "A" - jointly owned	tions - see	\$2,115.0
		Hulliber 12 Of	ratiached Exhibit A - Johnty Owned		

	otor 1 Jennifer I. I otor 2 James And		mber (if known)
		and radios; audio, video, stereo, and digital equipment; computers, printers, sca Il phones, cameras, media players, games	nners; music collections; electronic devices
[ii priorios, cameras, media piayers, games	
ı	Yes. Describe		
		Jointly owned - see numbers 8, 9 and 10 of attached Exhibit "A	\$4,238.00
		Johns owned See numbers 6, 3 and 10 of attached Exhibit A	
_	other collect	d figurines; paintings, prints, or other artwork; books, pictures, or other art objections, memorabilia, collectibles	s; stamp, coin, or baseball card collections;
_	■ No □ Yes. Describe		
	musical inst	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs	, skis; canoes and kayaks; carpentry tools;
	☐ No ■ Yes. Describe		
		Jointly owned - various sporting equipment and photographi/hobby equipment - see numbers 16 and 17 of attached Exhibit "A"	\$520.00
I [11.	■ No □ Yes. Describe Clothes	es, shotguns, ammunition, and related equipment lothes, furs, leather coats, designer wear, shoes, accessories	
ı	Yes. Describe		
		Miscellaneous clothing items - see number 13 on attached Exhi	\$1,650.00
[Jewelry Examples: Everyday je □ No ■ Yes. Describe	ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wa	tches, gems, gold, silver
		Wedding ring - debtor #1 - see number 14 on attached Exhibit	A" \$3,000.00
		Miscellaneous costume jewelry - debtor #1 - see number 14 on attached Exhibit "A"	\$100.00
		Men's wedding band - debtor #2 only	\$150.00
	Non-farm animals Examples: Dogs, cats,	birds, horses	

Yes. Describe.....

Debtor 1	Jennifer I. Tunnell		
Debtor 2	James Andrew Morrison	Case number (if known)	
	Jointly owned - two (2) else	dogs and two (2) cats - no value to anyone	\$0.00
■ No	her personal and household items you did Give specific information	not already list, including any health aids you did not list	
	the dollar value of all of your entries from Part 3. Write that number here	art 3, including any entries for pages you have attached	\$17,663.00
Part 4: De	scribe Your Financial Assets		
Do you ov	vn or have any legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	oles: Money you have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	on \$50.00
Exam _l	its of money oles: Checking, savings, or other financial accounts institutions. If you have multiple accounts	ounts; certificates of deposit; shares in credit unions, brokerage he with the same institution, list each. Institution name:	nouses, and other similar
- res	17.1. Checking	Wells Fargo Bank, N.A Debtor #1 only 1901 Bassett Drive Mankato, MN 56001 #9231 All money traceable to 403(b) account withdrawal by debtor #1 and claimed exempt under M.S.A. 550.37, subd. 24 and M.S.A. 550.37, subd. 20	\$25,000.00

	Wells Fargo Bank, N.A Debtor #2 only		
	1901 Bassett Drive		
	Mankato, MN 56001		
	# 7422 [*]		
	All money traceable to 403(b) account		
	withdrawal by debtor #1 and claimed exempt		
	under M.S.A. 550.37, subd. 24 and M.S.A.		
\$17,800.00	550.37, subd. 20	Savings	17.2.
	Wells Forge Penk N.A. Dehter #2 only		
	Wells Fargo Bank, N.A Debtor #2 only		
	1901 Bassett Drive		
¢4.00	Mankato, MN 56001	0	47.0
\$1.00	# 5196	Savings	17.3.
	Wells Fargo Bank, N.A Debtor #1 only		
	1901 Bassett Drive		
	Mankato, MN 56001		
\$400.00	#9231 [^]	Checking	17.4.

Debto	r 2 James	s Andrew M	orrison	Case number (if known)	
				First National Bank Minnesota - Debtor #2 228 Nassau Street St. Peter, MN 56082	****
		17	.5. Checking	#1462	\$100.00
			blicly traded stocks tment accounts with brol	kerage firms, money market accounts	
	No				
	Yes		Institution or issuer n	name:	
jo	int venture	aded stock a	nd interests in incorpo	rated and unincorporated businesses, including an interest in an LLC, pa	ırtnership, and
ш	Yes. Give spe		on about them Name of entity:	 % of ownership:	
N N	legotiable instr Ion-negotiable No	ruments includ instruments a	de personal checks, cash are those you cannot trar	tiable and non-negotiable instruments niers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.	
Ц	Yes. Give spe		on about them Issuer name:		
	•	ension acco	unts	03(b), thrift savings accounts, or other pension or profit-sharing plans	
•	Yes. List each	•	•	Institution name.	
		ТУ	pe of account:	Institution name:	
		40	3(b) and 457(b)	Mayo Clinic 403(b) and 457(b) Plans - Debtor #1 Fidelity Brokerage Services, LLC 900 Salem Street	
				Smithfield, RI 02917 #2858	\$153,078.08
		40	3(b)	Mayo Clinic 403(b) Plan - Debtor #1 Fidelity Brokerage Services, LLC 900 Salem Street Smithfield, RI 02917 #8223	\$52,943.63
Y	<i>xamples:</i> Agre	ll unused dep	osits you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others	
	Yes			Institution name or individual:	
		Re	ent	Woodside IV Apartments - Debtor #1 151 St. Andrews Court, Suite 400 Mankato, MN 56001	\$1,495.00
23. A r	•	ntract for a pe	riodic payment of mone	y to you, either for life or for a number of years)	
	No Yes	Issuer n	ame and description.		
24. Int o	erests in an e	ducation IRA	·	nalified ABLE program, or under a qualified state tuition program.	
	No				

Jennifer I. Tunnell

Debtor 1

	ebtor 1 ebtor 2	Jennifer I James Ar	. Tunnell ndrew Morrison	Case number (if known)	
	☐ Yes		Institution name and description. Separately file the record	ds of any interests.11 U.S.C. § 521(c):	
25.	■ No		future interests in property (other than anything listed	in line 1), and rights or powers exercis	able for your benefit
26.	. Patent	s, copyrights	s, trademarks, trade secrets, and other intellectual prop domain names, websites, proceeds from royalties and licen		
	☐ Yes.	Give specific	information about them		
27.			es, and other general intangibles permits, exclusive licenses, cooperative association holding	gs, liquor licenses, professional licenses	
	☐ Yes.	Give specific	information about them		
M	oney or	property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax ref	funds owed t	o you		
	■ No □ Yes.	Give specific	information about them, including whether you already filed	the returns and the tax years	
29	Exam _i ■ No		or lump sum alimony, spousal support, child support, main information	tenance, divorce settlement, property sett	lement
30.	Examp	<i>ples:</i> Unpaid w	neone owes you vages, disability insurance payments, disability benefits, sic unpaid loans you made to someone else information	k pay, vacation pay, workers' compensati	on, Social Security
31.	. Interes Examµ □ No	sts in insuran ples: Health, d	ce policies lisability, or life insurance; health savings account (HSA); cr	redit, homeowner's, or renter's insurance	
	_	Name the ins	urance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
			Group Universal Life Insurance - Debtor #2	Jennifer Tunnell	\$0.00
32.	If you		perty that is due you from someone who has died ciary of a living trust, expect proceeds from a life insurance	policy, or are currently entitled to receive	property because
	■ No □ Yes.	Give specific	information		
33.	Examp		d parties, whether or not you have filed a lawsuit or mass, employment disputes, insurance claims, or rights to sue	de a demand for payment	
	■ No □ Yes.	Describe eac	ch claim		
34.	. Other	contingent ar	nd unliquidated claims of every nature, including count	erclaims of the debtor and rights to set	off claims
	■ No □ Yes.	Describe eac	ch claim		

Official Form 106A/B Schedule A/B: Property page 6

Debtor Debtor				Case number (if known)	
35. Any □ N	y financial assets you d	id not already list			
	es. Give specific information	ation			
		FSA - Health Care Sav	rings Account - deb	tor #1	\$0.00
		Il of your entries from Part 4, includ		' -	\$250,867.71
Part 5:	Describe Any Business-F	Related Property You Own or Have an Int	erest In. List any real esta	ate in Part 1.	
	you own or have any legal o. Go to Part 6.	or equitable interest in any business-rela	ated property?		
_	o. Go to Part 6. es. Go to line 38.				
— 16	ss. Go to line so.				
Part 6:		Commercial Fishing-Related Property Yo est in farmland, list it in Part 1.	ou Own or Have an Interes	st In.	
46. Do	you own or have any le	egal or equitable interest in any farn	n- or commercial fishir	ng-related property?	
	No. Go to Part 7.				
	Yes. Go to line 47.				
Part 7:	Describe All Propert	y You Own or Have an Interest in That Y	ou Did Not List Above		
Exa □ N	amples: Season tickets,	y of any kind you did not already lis country club membership	st?		
		Business Property for Trident X1 Corbin Think Pad (\$600.00) (\$150.00), Hewlett-Packard pri Hewlett-Packard Sepctre 360 c (\$25.00), Router - Night Hawks), Lenovo 26 inch mo nter - Instant Ink Off computer (\$200.00),	onitor - Think Vision fice Jet (\$50.00), Keyboard - Code 42	\$1,045.00
54. A c	dd the dollar value of a	I of your entries from Part 7. Write t	that number here		\$1,045.00
Part 8:	List the Totals of Eac	h Part of this Form		_	
					\$242.000.00
	art 1: Total real estate, l art 2: Total vehicles, lin	ine 2 e 5	\$38,000.00		\$313,000.00
	•	d household items, line 15	\$17,663.00		
	art 4: Total financial as		\$250,867.71		
	art 5: Total business-re		\$0.00		
		shing-related property, line 52	\$0.00		
61. P a	art 7: Total other prope	rty not listed, line 54	+ \$1,045.00		
62. T c	otal personal property.	Add lines 56 through 61	\$307,575.71	Copy personal property to	tal \$307,575.71
63. T c	otal of all property on S	chedule A/B. Add line 55 + line 62			\$620,575.71

Bankruptcy Information Form Supplementary Information **5. Appliances**:

- Coffee maker, 5 years old, \$20
- Coffee grinder, 2 years old, \$50
- Electric kettle, 5 years old, \$10
- Food processor, 5 years old, \$25
- Waffle Maker, 6 months old, \$25
- Vacuums x2, 1 year old, \$325
- Carpet shampooer, 3 months old, \$75
- Shop Vac, 7 years old, \$45
- Toaster, 10 years old, \$5
- Air Fryer, 2 years old, \$20
- Keurig, 5 years old, \$20
- Stand Mixer, 6 years old, \$150
- Pressure Cooker, 1 year old, \$125
- Crock Pot, 8 years old, \$10
- Conway Air Mega Air Purifierx2, 4 years old, \$240

6. Furniture:

- King Sized Sleep Number Bed, 15 years old, \$200
- Twin bed, 7 years old, \$50
- Twin bed, 5 years old, \$50
- Queen bed, 6 months old, \$500
- Full sized bed, 6 months old, \$300
- Treadmill, 18 years old, \$40
- Mission Style Sideboard, 15 years old, \$50
- Inversion Chair (Innova), 5 years old, \$50
- Armchair and footstool, 15 years old, \$60
- 6 Dresser Drawer with bed frame and 2 end tables, 15 years old, \$320
- 3-seater leather recliner couch, 6 years old, \$500
- Striped Upright Armchair, 6 years old, \$80
- Mission style desk, 12 years old, \$45
- Grandmother clock, 40 years old, \$150
- Amish upholstered bench, 17 years old, with matching mirror, \$175
- 2 Anti-gravity folding chairs, 8 years old, \$80

MINS.

- 2 mission style end tables, 15 years old, \$50
- Aluminum patio table with 6 chairs and umbrella, 8 years old, \$160
- Round glass patio table, 15 years old, \$20
- Deck lounger chair, 20 years old, \$35
- Futon, 3 years old, \$55
- Smoker, 7 years, \$50
- Italian Leather sofa and loveseat, 15 years, \$80
- High-top Dining Table and 6 high-top chairs, 17 years, \$200
- 10 JUL 3, 450 0 Pier One Kitchen table with four upholstered chairs, 18 years, \$150

8. Televisions/Blu-Ray/DVD players: `

- 60" Samsung TV, 3 years old, \$175
- 60" Pioneer TV, 1 year old, \$250
- 32" Samsung TV, 6 years old, \$80
- 32" Samsung TV, 6 years old, \$80
- Samsung Sound Bar, 7 years old, \$45

9. Cell Phones:

2x Apple iPhone 13 Pro-1 year old, (we owe) -\$1038

Apple iPhone 12 Pro, \$300

10. Computers/Printers:

- Ipad Prox2, 2 years old, \$1000
- Air Pods, 3 years old, \$50
- Apple Watch v6 (we owe) -\$661
- HP Inkjet Printer, 1 year old, \$100
- 28" Lenovo Monitor, 2 years old, \$120
- Lenovo Laptop, 2020, \$1000

11. Lawn Equipment/Tools:

- Gardening Tools, 15 years, \$200
- Lawn Mower, 4 years, \$60
- Snow Thrower, 4 years, \$200
- Charcoal Grill, 10 years, \$20
- Weed Wacker, 6 years, \$10

10 TAL 200 TAL 1038 1338,

10 MAL 70,00

- Cadac Grill, 10 years, \$40
- Circular Saw, 7 years, \$
- Dewalt Electric Saw, 8 years, \$200
- 2 socket sets, 15 years, \$45
- Leaf Blower, 6 years, \$50
- Husqvarna Chain Saw, 6 years, \$100
- Verner Adjustable Ladder, 7 years, \$80
- Honda Power Washer, 10 years, \$120
- Turkey Fryer, 8 years, \$30
- Power Drill, 10 years, \$20
- Bird Bath, 15 years, \$50
- Space Heater, 18 years, \$30
- Metal Detector, 10 years, \$40

12. Books/Pictures/Art Objects/Collections:

- Paintings: Oil, Cuban Car, 9 years old, \$100
- Two oil paintings from Saudi, 20 years old, \$100
- Framed Photo (Iraq), 25 years old, \$100
- Framed Photo Saudi Gold Souk, 40 years old, \$50
- Bedouin Burka, antique, unknown, \$50
- Framed Photo of tower in Vientienne Laos, 22 years old, \$25
- Iranian Kilum, 25 years old, \$150
- Iranian Rug, 80 years old, \$1000
- Iranian Rug pillow, 20 years old, \$100
- Clavinova, 35 years, \$300
- Violin, 2 years, \$75
- Clarinet, 50 years, \$65

13. Wearing Apparel:

5 m 1805,00

POTAL paragraph 11
H1,295,00

10THL 00 \$ 2,115,00

Coats, jackets, shoes, clothes, varying years, \$1650

14. Furs and Jewelry:

- Costume Jewelry, assorted, \$100
- Wedding ring, 1.7 K, 20 years, \$3,000

16. Sports Equipment:

- BMX Bike, 9 years old, \$130

Is, \$20 Lographic/other Hobby Equipment: Nikon CoolPix P520, 6 years, \$100

17. Photographic/other Hobby Equipment:

Fill in this infor	mation to identify your	case:		
Debtor 1	Jennifer I. Tunne	II		
	First Name	Middle Name	Last Name	
Debtor 2	James Andrew M	orrison		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number				
(if known)				☐ Check if this is ar amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	which set of exemptions are you claiming	! Cneck one only, eve	n it yo	our spouse is tiling with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 to	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exc	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	416 North Meridian Street Belle Plaine, MN 56011 Sibley County	\$313,000.00		\$173,006.23	Minn. Stat. §§ 510.01, 510.02
	Lot 10 and the South half of Lot 11, Block 95, Belle Plaine, Scott County, Minnesota. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2015 Audi A3/53 Quattro 75,000 miles	\$15,000.00		\$5,200.00	Minn. Stat. § 550.37 subd. 12a
	Debtor #1 only - purchased in the summer of 2014 for \$38,000.00 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	2018 Subaru Outback 85,000 miles Debtor #2 only	\$23,000.00		\$5,200.00	Minn. Stat. § 550.37 subd. 12a
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	Jointly owned - general and unremarkable furniture, appliances	\$4,595.00		\$4,595.00	Minn. Stat. § 550.37 subd. 4(b)
	and home decor - see numbers 5 and 6 of attached Exhibit "A" Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	

Debtor 1 Jennifer I. Tunnell
Debtor 2 James Andrew Morrison

Case number (if known)

Jailles Allulew Wolfison			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Miscellaneous gardening tools and other household items - see number	\$1,295.00	\$1,295.00	Minn. Stat. § 550.37 subd. 4(I
11 on attached Exhibit "A" - jointly owned Line from Schedule A/B: 6.2		100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B. 4.2			
Miscellaneous books, pictures, art objects and collections - see number	\$2,115.00	\$2,115.00	Minn. Stat. § 550.37 subd. 4(
12 on attached Exhibit "A" - jointly owned Line from Schedule A/B: 6.3		☐ 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B. 0.3			
Jointly owned - see numbers 8, 9 and 10 of attached Exhibit "A"	\$4,238.00	\$4,238.00	Minn. Stat. § 550.37 subd. 4(
Line from Schedule A/B: 7.1		☐ 100% of fair market value, up to any applicable statutory limit	
Miscellaneous clothing items - see number 13 on attached Exhibit "A" -	\$1,650.00	\$1,650.00	Minn. Stat. § 550.37 subd. 4(
jointly owned Line from Schedule A/B: 11.1		☐ 100% of fair market value, up to any applicable statutory limit	
Wedding ring - debtor #1 - see number 14 on attached Exhibit "A"	\$3,000.00	\$3,000.00	Minn. Stat. § 550.37 subd. 4(
ine from Schedule A/B: 12.1		100% of fair market value, up to any applicable statutory limit	
Men's wedding band - debtor #2 only Line from Schedule A/B: 12.3	\$150.00	\$150.00	Minn. Stat. § 550.37 subd. 4(
Ellio II oli		☐ 100% of fair market value, up to any applicable statutory limit	
Checking: Wells Fargo Bank, N.A Debtor #1 only	\$25,000.00	\$25,000.00	Minn. Stat. § 550.37 subd. 24
1901 Bassett Drive Mankato, MN 56001 #9231		☐ 100% of fair market value, up to any applicable statutory limit	
All money traceable to 403(b) account withdrawal by debtor #1 and claimed exempt under M.S.A. 550.37, subd. 24 and M.S.A. 550.37, subd. 20			
Line from Schedule A/B: 17.1			
Savings: Wells Fargo Bank, N.A Debtor #2 only	\$17,800.00	\$17,800.00	Minn. Stat. § 550.37 subd. 24
1901 Bassett Drive Mankato, MN 56001 # 7422		☐ 100% of fair market value, up to any applicable statutory limit	
All money traceable to 403(b) account withdrawal by debtor #1 and claimed exempt under M.S.A. 550.37, subd. 24 and M.S.A. 550.37, subd. 20 Line from <i>Schedule A/B</i> : 17.2			

Jennifer I. Tunnell Debtor 1 **James Andrew Morrison** Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 403(b) and 457(b): Mayo Clinic 403(b) 11 U.S.C. § 522(b)(3)(C) \$153,078.08 \$153,078.08 and 457(b) Plans - Debtor #1 П Fidelity Brokerage Services, LLC 100% of fair market value, up to 900 Salem Street any applicable statutory limit Smithfield, RI 02917 #2858 Line from Schedule A/B: 21.1 403(b): Mayo Clinic 403(b) Plan -11 U.S.C. § 522(b)(3)(C) \$52,943.63 \$52,943.63 Debtor #1 Fidelity Brokerage Services, LLC 100% of fair market value, up to 900 Salem Street any applicable statutory limit Smithfield, RI 02917 #8223 Line from Schedule A/B: 21.2 **Group Universal Life Insurance -**Minn. Stat. § 550.37 subd. 10 \$0.00 \$0.00 Debtor #2 **Beneficiary: Jennifer Tunnell** 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit FSA - Health Care Savings Account -Minn. Stat. § 550.37 subd. \$0.00 \$0.00 debtor #1 26(a) Line from Schedule A/B: 35.1 100% of fair market value, up to any applicable statutory limit **Business Property for Trident V3,** Minn. Stat. § 550.37 subd. 6 \$1,045.00 \$1,045.00 LLC - debtor #2 - Lenovo computer X1 Corbin Think Pad (\$600.00), 100% of fair market value, up to Lenovo 26 inch monitor - Think any applicable statutory limit Vision (\$150.00), Hewlett-Packard printer - Instant Ink Office Jet (\$50.00), Hewlett-Packard Sepctre 360 computer (\$200.00), Line from Schedule A/B: 53.1 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Bankruptcy Information Form Supplementary Information **5. Appliances**:

- Coffee maker, 5 years old, \$20
- Coffee grinder, 2 years old, \$50
- Electric kettle, 5 years old, \$10
- Food processor, 5 years old, \$25
- Waffle Maker, 6 months old, \$25
- Vacuums x2, 1 year old, \$325
- Carpet shampooer, 3 months old, \$75
- Shop Vac, 7 years old, \$45
- Toaster, 10 years old, \$5
- Air Fryer, 2 years old, \$20
- Keurig, 5 years old, \$20
- Stand Mixer, 6 years old, \$150
- Pressure Cooker, 1 year old, \$125
- Crock Pot, 8 years old, \$10
- Conway Air Mega Air Purifierx2, 4 years old, \$240

6. Furniture:

- King Sized Sleep Number Bed, 15 years old, \$200
- Twin bed, 7 years old, \$50
- Twin bed, 5 years old, \$50
- Queen bed, 6 months old, \$500
- Full sized bed, 6 months old, \$300
- Treadmill, 18 years old, \$40
- Mission Style Sideboard, 15 years old, \$50
- Inversion Chair (Innova), 5 years old, \$50
- Armchair and footstool, 15 years old, \$60
- 6 Dresser Drawer with bed frame and 2 end tables, 15 years old, \$320
- 3-seater leather recliner couch, 6 years old, \$500
- Striped Upright Armchair, 6 years old, \$80
- Mission style desk, 12 years old, \$45
- Grandmother clock, 40 years old, \$150
- Amish upholstered bench, 17 years old, with matching mirror, \$175
- 2 Anti-gravity folding chairs, 8 years old, \$80

MINS.

- 2 mission style end tables, 15 years old, \$50
- Aluminum patio table with 6 chairs and umbrella, 8 years old, \$160
- Round glass patio table, 15 years old, \$20
- Deck lounger chair, 20 years old, \$35
- Futon, 3 years old, \$55
- Smoker, 7 years, \$50
- Italian Leather sofa and loveseat, 15 years, \$80
- High-top Dining Table and 6 high-top chairs, 17 years, \$200
- 10 JUL 3, 450 0 Pier One Kitchen table with four upholstered chairs, 18 years, \$150

8. Televisions/Blu-Ray/DVD players: `

- 60" Samsung TV, 3 years old, \$175
- 60" Pioneer TV, 1 year old, \$250
- 32" Samsung TV, 6 years old, \$80
- 32" Samsung TV, 6 years old, \$80
- Samsung Sound Bar, 7 years old, \$45

9. Cell Phones:

2x Apple iPhone 13 Pro-1 year old, (we owe) -\$1038

Apple iPhone 12 Pro, \$300

10. Computers/Printers:

- Ipad Prox2, 2 years old, \$1000
- Air Pods, 3 years old, \$50
- Apple Watch v6 (we owe) -\$661
- HP Inkjet Printer, 1 year old, \$100
- 28" Lenovo Monitor, 2 years old, \$120
- Lenovo Laptop, 2020, \$1000

11. Lawn Equipment/Tools:

- Gardening Tools, 15 years, \$200
- Lawn Mower, 4 years, \$60
- Snow Thrower, 4 years, \$200
- Charcoal Grill, 10 years, \$20
- Weed Wacker, 6 years, \$10

10 TAL 200 TAL 1038 1338,

10 MAL 70,00

- Cadac Grill, 10 years, \$40
- Circular Saw, 7 years, \$
- Dewalt Electric Saw, 8 years, \$200
- 2 socket sets, 15 years, \$45
- Leaf Blower, 6 years, \$50
- Husqvarna Chain Saw, 6 years, \$100
- Verner Adjustable Ladder, 7 years, \$80
- Honda Power Washer, 10 years, \$120
- Turkey Fryer, 8 years, \$30
- Power Drill, 10 years, \$20
- Bird Bath, 15 years, \$50
- Space Heater, 18 years, \$30
- Metal Detector, 10 years, \$40

12. Books/Pictures/Art Objects/Collections:

- Paintings: Oil, Cuban Car, 9 years old, \$100
- Two oil paintings from Saudi, 20 years old, \$100
- Framed Photo (Iraq), 25 years old, \$100
- Framed Photo Saudi Gold Souk, 40 years old, \$50
- Bedouin Burka, antique, unknown, \$50
- Framed Photo of tower in Vientienne Laos, 22 years old, \$25
- Iranian Kilum, 25 years old, \$150
- Iranian Rug, 80 years old, \$1000
- Iranian Rug pillow, 20 years old, \$100
- Clavinova, 35 years, \$300
- Violin, 2 years, \$75
- Clarinet, 50 years, \$65

13. Wearing Apparel:

5 m 1805,00

POTAL paragraph 11
H1,295,00

10THL 00 \$ 2,115,00

Coats, jackets, shoes, clothes, varying years, \$1650

14. Furs and Jewelry:

- Costume Jewelry, assorted, \$100
- Wedding ring, 1.7 K, 20 years, \$3,000

16. Sports Equipment:

- BMX Bike, 9 years old, \$130

Is, \$20 Lographic/other Hobby Equipment: Nikon CoolPix P520, 6 years, \$100

17. Photographic/other Hobby Equipment:

Fill	in this information to ide	ntify your	case:					
Deb	tor 1 Jennifer	I. Tunnel	I					
	First Name		Middle Name	Last Name				
Deb	tor 2 James A	ndrew M	orrison					
(Spo	use if, filing) First Name		Middle Name	Last Name				
Unit	ed States Bankruptcy Cou	rt for the:	DISTRICT OF MINNESOTA					
Cas	e number							
(if kno	own)					☐ Check	t if this is a	an
						amen	ded filing	
Off	icial Form 106D							
Sc	hedule D: Cred	ditors '	Who Have Claims	Secured	by Propert	y		12/15
is ne			two married people are filing togeth it, number the entries, and attach it t					
1. Do	any creditors have claims s	ecured by y	our property?					
	☐ No. Check this box and	submit this	s form to the court with your other	schedules. You	u have nothing else t	o report on this form.		
	Yes. Fill in all of the info		·		3	•		
Pari	1: List All Secured C	laims						
			ore than one secured claim, list the cre	ditor congratoly	Column A	Column B	Column	С
for e	ach claim. If more than one ci	reditor has a	particular claim, list the other creditors I order according to the creditor's name	s in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecu portion If any	
2.1	U.S. Bank	1	Describe the property that secures t	the claim:	\$15,730.59	\$23,000.00	ii arry	\$0.00
	Creditor's Name		2018 Subaru Outback 85,000 Debtor #2 only) miles	·			
	P.O. Box 2188 Oshkosh, WI 54903-2	3400	As of the date you file, the claim is:	Check all that				
	Number, Street, City, State & Zip		Contingent					
	Number, Street, City, State & Zip		☐ Unliquidated ☐ Disputed					
Who	o owes the debt? Check one		Nature of lien. Check all that apply.					
	Debtor 1 only		An agreement you made (such as r	mortgage or secu	red			
	Debtor 2 only		car loan)	5 5				
	Debtor 1 and Debtor 2 only	1	\square Statutory lien (such as tax lien, med	chanic's lien)				
	at least one of the debtors and	another	☐ Judgment lien from a lawsuit					
	Check if this claim relates to	a	Other (including a right to offset)					

community debt

Date debt was incurred 04/19/2020

Last 4 digits of account number

062

Debtor 1 Jennifer I. Tunnell				Case number (if known)					
	First Name	Middle N	ame	Last Name					
Debtor 2	James And	Irew Morriso	n						
	First Name	Middle N	ame	Last Name					
2.2 We	ells Fargo Ho	me				£400 000 7		# 040 000 00	* 0.00
Mc	ortgage		Describe the	e property that secures the o	laim:	\$139,993.77		\$313,000.00	\$0.00
Cred	ditor's Name		416 North	n Meridian Street Belle	.				
			Plaine, M	N 56011 Sibley Count	y				
			Lot 10 an	d the South half of Lo	t 11,				
			Block 95,	Belle Plaine, Scott Co	ounty,				
P	D. Box 14411		Minnesot	a.					
	s Moines. IA			te you file, the claim is: Chec	k all that				
	306-3411		apply.						
		-1- 0 7:- 01-	Continger						
Nun	nber, Street, City, Sta	ate & ZIP Code	Unliquida						
			Disputed						
Who owe	es the debt? Ch	eck one.	Nature of II	en. Check all that apply.					
☐ Debto	r 1 only		An agree	ment you made (such as mort	gage or se	ecured			
☐ Debto	r 2 only		car loan))					
■ Debto	r 1 and Debtor 2 o	only	☐ Statutory	lien (such as tax lien, mechan	ic's lien)				
☐ At leas	st one of the debte	ors and another	☐ Judgmen	t lien from a lawsuit					
	cif this claim rela	ates to a	Other (inc	cluding a right to offset)					
Date deb	t was incurred	08/19/2005	Last	4 digits of account number	0782				
Add the	dollar value of	your entries in C	olumn A on th	nis page. Write that number	here:	\$155	,724.36		
	s the last page of nat number here:		the dollar valu	ue totals from all pages.		\$155	,724.36		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

					•	
Fill in this in	nformation to identify your o	ase:				
Debtor 1	Jennifer I. Tunnel					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	James Andrew Mo	Orrison Middle Name	Last Name			
United State	s Bankruptcy Court for the:	DISTRICT OF MINNES	ОТА			
Case numbe	er					
(if known)					_	k if this is an
					amen	ded filing
Official F	orm 106E/F					
	e E/F: Creditors W	ho Have Unseci	red Claims			12/15
	e and accurate as possible. Use			or creditors with NO	NPRIORITY claims, I	
Schedule D: C left. Attach the name and case	executory Contracts and Unexpireditors Who Have Claims Secter Continuation Page to this page e number (if known).	red by Property. If more specifies If you have no information	pace is needed, copy the Par	t you need, fill it out,	number the entries	in the boxes on the
	st All of Your PRIORITY Un reditors have priority unsecured					
_ ′	o to Part 2.	d Claims against you?				
Yes.	o to rait 2.					
possible, I Part 1. If r	nat type of claim it is. If a claim ha list the claims in alphabetical orde more than one creditor holds a par xplanation of each type of claim, s	r according to the creditor's r rticular claim, list the other cr	name. If you have more than tweeditors in Part 3.		laims, fill out the Cont	tinuation Page of Nonpriority
2.1 Inte	rnal Revenue Service	Last 4 digits o	f account number	\$1,865.14	amount \$1,865.14	amount \$0.00
	ity Creditor's Name	Last 4 digits 0		φ1,003.14	φ1,003.14	1 0.00
_	. Box 7346		debt incurred? 04/15/2	022	_	
	ladelphia, PA 19101-7346 ber Street City State Zip Code		you file, the claim is: Check a	all that apply		
	curred the debt? Check one.	☐ Contingent	,			
☐ Debt	or 1 only	☐ Unliquidated	4			
☐ Debt	or 2 only	·	1			
_	•	☐ Disputed	RITY unsecured claim:			
_	or 1 and Debtor 2 only	П-				
_	ast one of the debtors and anothe	_	☐ Domestic support obligations			
	ck if this claim is for a commun	_	■ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated			
Is the ci ■ No	aim subject to offset?			ou were intoxicated		
☐ Yes		Other. Spec	Taxes owed for 20	21		_
			14XC3 0WC4 101 20	<u>- </u>		
	ist All of Your NONPRIORIT					
_ *	reditors have nonpriority unsec	J ,				
☐ No. Yo	ou have nothing to report in this pa	art. Submit this form to the co	ourt with your other schedules.			
Yes.						
unsecured	your nonpriority unsecured clad d claim, list the creditor separately creditor holds a particular claim, li	for each claim. For each cla	im listed, identify what type of o	claim it is. Do not list c	laims already included	d in Part 1. If more

Total claim

Debto	James Andrew Morrison		Case number (if known)	
4.1	American Honda Finance Corp.	Last 4 digits of account number	5356	\$3,865.00
	Nonpriority Creditor's Name 2170 Point Boulevard Suite 100	When was the debt incurred?	10/22/2020	
	Elgin, IL 60123	_		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Amount red of mortorc	maining following repossession yle	
4.2	American Honda Finance Corp. Nonpriority Creditor's Name	Last 4 digits of account number	6659	\$1,444.20
	2170 Point Boulevard Suite 100	When was the debt incurred?	02/33/2020	
	Elgin, IL 60123 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam	S. Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
		Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	og plans, and other similar debts	
	□ Yes		maining following repossession	
4.3	Apple Card/Goldman Sachs	Last 4 digits of account number	0001	\$2,968.00
	Nonpriority Creditor's Name Lockbok 6112 P.O. Box 7247	When was the debt incurred?	09/19/2020	
	Philadelphia, PA 19170-6112 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only			
	Debtor 2 only	☐ Contingent		
	<u> </u>	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d eleter.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and an and attending to the	
	No	☐ Debts to pension or profit-sharir	•	
	Yes	Other. Specify Credit pure	hases	

Debt	or 2 James Andrew Morrison	Case number (if known)		
4.4	Capital One Card Services	Last 4 digits of account number	\$2,787.51	
	Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84130-0285	When was the debt incurred? 11/06/2019		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	-		
		☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Credit purchases		
		Other: Specify		
4.5	Chase/Amazon Nonpriority Creditor's Name	Last 4 digits of account number	\$3,283.24	
	P.O. Box 15298 Wilmington, DE 19850-5298	When was the debt incurred? 05/22/2020		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Credit purchases		
4.6	Credit One Bank	Last 4 digits of account number 5921	\$911.56	
	Nonpriority Creditor's Name P.O. Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred? 12/03/2020		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	,		
	_	☐ Debtor 1 and Debtor 2 only ☐ Disputed		
	☐ At least one of the debtors and another			
	☐ Check if this claim is for a community	☐ Student loans		
	debt	\square Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Credit purchases		

Debt	or 2 James Andrew Morrison	Case number (if known)	
4.7	Fairview Health Services	Last 4 digits of account number	\$361.62
	Nonpriority Creditor's Name P.O. Box 9372	When was the debt incurred? 03/11/2020	
	Minneapolis, MN 55440-9372 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
		Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical charges	
4.8	Fingerhut	Last 4 digits of account number 5997	\$377.51
	Nonpriority Creditor's Name	 	· ·
	6250 Ridgewood Road Saint Cloud, MN 56303	When was the debt incurred? 01/22/2020	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.0	For dam Dand Siramaial	1007	*0 754 75
4.9	Freedom Road Financial Nonpriority Creditor's Name	Last 4 digits of account number 1227	\$9,751.75
	10509 Professional Circle Suite 100	When was the debt incurred? 06/15/2023	
	Reno, NV 89521 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Tepossession of 2022 Triumph Trident 660	

Debtor 1 Jennifer I. Tunnell Debtor 2 James Andrew Morrison			Case number (if known)		
4.1 0	Honda Financial Services	Last 4 digits of account number	6659	\$4,204.53	
	Nonpriority Creditor's Name P.O. Box 1844	When was the debt incurred?	05/16/2020		
	Alpharetta, GA 30023-1844 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separa	ation agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts		
	□Yes		alance following repossession 2020 Honda Monkey ABS		
4.1	Internal Revenue Service	Last 4 digits of account number		\$11,347.26	
	Nonpriority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	04/15/2018		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another		claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	report as priority claims	ation agreement or divorce that you did not		
	No	Debts to pension or profit-sharing			
	Yes	Other. Specify Taxes owed	for 2017		
4.1	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number		\$9,205.54	
	P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	04/15/2016		
	Number Street City State Zip Code	As of the date you file, the claim is	: Check all that apply		
	Who incurred the debt? Check one.	_			
	☐ Debtor 1 only ☐ Contingent				
	☐ Debtor 2 only ☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only □ Disputed		alain.		
	At least one of the debtors and another Type of NONPRIORITY unsecure		ciaim:		
	Li Check if this claim is for a community		ation agreement or divorce that you did not		
	■ No □ Debts to pension or profit-sharin		plans, and other similar debts		
	☐ Yes	Other. Specify Taxes owed			
		- Other, Specify 14x00 CWC4			

Debt Debt	or 1 Jennifer I. Tunnell or 2 James Andrew Morrison		Case number (if known)	
4.1 3	Internal Revenue Service	Last 4 digits of account number		\$4,871.89
	Nonpriority Creditor's Name P.O. Box 7346	When was the debt incurred?	04/15/2017	
	Philadelphia, PA 19101-7346 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam	13. Official and apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community ☐ Student loans			
	debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari		
	Yes	Other. Specify Taxes owe	d for 2016	
4.1	Kohls	Last 4 digits of account number	8614	\$424.96
4	Nonpriority Creditor's Name			•
	P.O. Box 3043	When was the debt incurred?	06/17/2020	
	Milwaukee, WI 53201 Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one.	As of the date you me, the dam		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community			
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit pure	chases	
4.1 5	Kohls Capital One	Last 4 digits of account number	0050	\$1,771.90
	Nonpriority Creditor's Name	_		
	P.O. Box 3115	When was the debt incurred?	05/16/2019	
	Milwaukee, WI 53201-3115 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	■ Other Specify Credit pure	chases	
		- Other. Specify		

Debii	James Andrew Morrison		Case number (if known)	
l.1	Mayo Clinic	Last 4 digits of account number	0600	\$681.24
	Nonpriority Creditor's Name P.O. Box 4004	When was the debt incurred?	11/02/2020	
	Rochester, MN 55903-4004	Number Street City State Zip Code As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	As of the date you me, the dami	S. Check an that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
	Yes	Other Specify Medical se	rvices	
4.1	Nelnet	Last 4 digits of account number	9683	\$25,560.00
	Nonpriority Creditor's Name	_		
	P.O. Box 82561	When was the debt incurred?	08/15/2015	
	Lincoln, NE 68501 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
.1	Nelnet	Last 4 digits of account number	8039	\$31,333.00
	Nonpriority Creditor's Name P.O. Box 82561 Lincoln, NE 68501	When was the debt incurred?	06/10/2013	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		

Debtor Debtor	1 Jennifer I. Tunnell 2 James Andrew Morrison		Case number (if known)		
4.1	One Main Financial		2050	¢40 542 05	
9	Nonpriority Creditor's Name	Last 4 digits of account number	2030	\$10,513.95	
	Bankruptcy Department P.O. Box 140069	When was the debt incurred?	06/17/2020		
	Irving, TX 75014-0069 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	<u>_</u>	☐ Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	og plans, and other similar debts		
	Yes	Other. Specify Personal Ic	pan		
4.2	River Valley Family Chiropract Nonpriority Creditor's Name	Last 4 digits of account number	1969	\$610.02	
	210 North Meridian Street Suite 1	When was the debt incurred?	07/22/2021		
	Belle Plaine, MN 56011	As of the data way file the plains	Fr. O. J. H.H. J.		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Cneck all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes		g p		
	☐ Yes	Other. Specify Services			
4.2	Secure Base Counseling, LLC Nonpriority Creditor's Name	Last 4 digits of account number	3824	\$285.92	
	570 Professional Drive Northfield, MN 55057-2756	When was the debt incurred?	05/12/2020		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed	d ala:		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	o ciaim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	og plans, and other similar debts		
			g pians, and other similal debts		
	☐ Yes	Other. Specify Services			

Debto	James Andrew Morrison	Case number (if known)				
4.2	Synchrony Bank/Pay Pal	Last 4 digits of account number	2696	\$4,448.82		
	Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	11/04/2020			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d alaim.			
	At least one of the debtors and another	Student loans	a ciaiiii.			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit purc				
4.2	Synchrony Bank/PPMC Nonpriority Creditor's Name	Last 4 digits of account number	1853	\$511.00		
	Attn: Bankruptcy Department P.O. Box 965005 Orlando, FL 32896	When was the debt incurred?	07/18/2020			
	Number Street City State Zip Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only					
	Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit purc				
4.2	Synchrony Bank/Venmo	Last 4 digits of account number		\$5,505.64		
	Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 71735	When was the debt incurred?	07/18/2020			
	Philadelphia, PA 19176-1735 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Debtor 2 only ☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	•			
	☐ Yes	Other. Specify Credit purc	hases			

Debtor 1 **Jennifer I. Tunnell**

Debte Debte	or 1 Jennifer I. Tunnell or 2 James Andrew Morrison		Case number (if known)	
4.2 5	Synchrony Bank/Warner Stellian	Last 4 digits of account number	4859	\$2,151.79
	Nonpriority Creditor's Name P.O. Box 71754	When was the debt incurred?	08/19/2020	
	Philadelphia, PA 19176-1754 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit purc	hases	
4.2	Wells Fargo Card Services	Last 4 digits of account number	0255	\$3,926.75
	Nonpriority Creditor's Name P.O. Box 10347	When was the debt incurred?	08/19/2020	
	Des Moines, IA 50306 Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit purc	hases	
4.2 7	XTream/Mediacom	Last 4 digits of account number	9511	\$1,376.85
	Nonpriority Creditor's Name P.O. Box 110	When was the debt incurred?	07/18/2020	
	Waseca, MN 56093 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	_	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent		
	■ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	<u></u>	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other Specify Services		
	* *	- Other. Opening		

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Jennifer I. Tunnell Debtor 2 James Andrew Morrison		Case number (if known)
Name and Address American Honda Finance Corp. 1220 Old Apharetta Road Suite 350	_	u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Alpharetta, GA 30005	Last 4 digits of account number	
Name and Address American Honda Finance Corp. 1220 Old Apharetta Road Suite 350 Alpharetta, GA 30005		u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did yo	u list the original graditor?
Ascentium P.O. Box 859 Madison, WI 53707	Line 4.18 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Ascentium Capital P.O. Box 301593 Dallas, TX 75303-1593	•	u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Constart Financial Services 10400 North 25th Avenue Suite 100 Phoenix, AZ 85021		u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Filderiix, AZ 63021	Last 4 digits of account number	
Name and Address Credit One Bank P.O. Box 99872 Las Vegas, NV 89193-8872	1	u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Fairview Health Services 100 South Owasso Blvd. West Saint Paul, MN 55117	_	u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	
Name and Address Fairview Health Services P.O. Box 199 Minneapolis, MN 55440-0199		u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Fingerhut P.O. Box 166 Newark, NJ 07101-0166		u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
·	Last 4 digits of account number	
Name and Address Fingerhut P.O. Box 70281 Philadelphia, PA 19176-0281	I	u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Fingerhut Credit Account Svcs P.O. Box 1250 Saint Cloud, MN 56395-1250		u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	

Debtor 2 James Andrew Morrison	Case number (if known)		
Name and Address Fingerhut Credit Services	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one):		
P.O. Box 70283	Part 2: Creditors with Nonpriority Unsecured Claims		
Philadelphia, PA 19176-0283			
	Last 4 digits of account number		
Name and Address Fingerhut Credit Services	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one):		
P.O. Box 70281 Philadelphia, PA 19176-0281	Part 2: Creditors with Nonpriority Unsecured Claims		
Timadelpina, FA 13170 0201	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Freedom Road Financial	Line 4.9 of (Check one):		
P.O. Box 4597	Part 2: Creditors with Nonpriority Unsecured Claims		
Hinsdale, IL 60522-4597	Last 4 digits of account number		
	·		
Name and Address Honda Financial Services	On which entry in Part 1 or Part 2 did you list the original creditor?		
National Service Center	Line 4.10 of (Check one):		
P.O. Box 166469	■ Part 2: Creditors with Nonpriority Unsecured Claims		
Irving, TX 75016-6469			
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
I.C. System, Inc. 444 Highway 96 East	Line 4.27 of (Check one):		
P.O. Box 64378	■ Part 2: Creditors with Nonpriority Unsecured Claims		
Saint Paul, MN 55164-0378			
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Jefferson Capital Systems, LLC	Line <u>4.8</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims		
16 McLeland Road Saint Cloud, MN 56303	Part 2: Creditors with Nonpriority Unsecured Claims		
Jame Gloda, Mit Good	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Jefferson Capital Systems, LLC	Line 4.8 of (Check one):		
Dept. #6419	Part 2: Creditors with Nonpriority Unsecured Claims		
P.O. Box 11407 Birmingham, AL 35246-6419			
Billingham, AL 33240-0419	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Jefferson Capital Systems, LLC	Line 4.8 of (Check one):		
P.O. Box 772813	Part 2: Creditors with Nonpriority Unsecured Claims		
Chicago, IL 60677-2813	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Jefferson Capital Systems, LLC P.O. Box 953185	Line <u>4.8</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims		
Saint Louis, MO 63195-3185	■ Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Jefferson Capital Systems, LLC	Line <u>4.8</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims		
P.O. Box 1120 Charlotte, NC 28201-1120	Part 2: Creditors with Nonpriority Unsecured Claims		
Chanotte, NC 20201-1120	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?		
Kohls	Line 4.14 of (Check one):		
P.O. Box 3044	Part 2: Creditors with Nonpriority Unsecured Claims		
Milwaukee, WI 53201-3120	Last 4 digits of account number		
	aut augus sa docount number		

Debtor 1	Jennifer I. Tunnell		
Debtor 2	James Andrew Morrison	Case number (if known)	

Name and Address Kohls P.O. Box 1456		ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Charlotte, NC 28201-1456	Last 4 digits of account number	
Name and Address Kohls P.O. Box 3044		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Milwaukee, WI 53201-3120	Last 4 digits of account number	— Part 2. Creditors with Northholity Oriseculed Claims
Name and Address Kohls	On which entry in Part 1 or Part 2 did you Line 4.15 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims
P.O. Box 3043 Milwaukee, WI 53201	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did yo	ou list the original graditor?
Kohls		☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 1456 Charlotte, NC 28201-1456		■ Part 2: Creditors with Nonpriority Unsecured Claims
Sharlotte, 140 20201 1400	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did yo	
Kohls Capital One P.O. Box 3115		Part 1: Creditors with Priority Unsecured Claims
Milwaukee, WI 53201-3115		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Mayo Clinic	On which entry in Part 1 or Part 2 did you Line 4.16 of (<i>Check one</i>):	Du list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
200 First Street S.W.		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rochester, MN 55905-0001	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did yo	
Mayo Clinic P.O. Box 790339		Part 1: Creditors with Priority Unsecured Claims
Saint Louis, MO 63179-0339		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Mayo Clinic	On which entry in Part 1 or Part 2 did you Line 4.16 of (<i>Check one</i>):	ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
4500 San Pablo Road		■ Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville, FL 32224-1865	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?
Mayo Clinic P.O. Box 790127		Part 1: Creditors with Priority Unsecured Claims
Saint Louis, MO 63179-0127		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Nelnet	On which entry in Part 1 or Part 2 did you Line 4.17 of (<i>Check one</i>):	ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 87130		Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Lincoln, NE 68501-7130	Last 4 digits of account number	, and a sound of the control of the
Name and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?
Nelnet	Line 4.17 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims
P.O. Box 9635 Wilkes Barre, PA 18773-9635		■ Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	
Name and Address One Main Financial	On which entry in Part 1 or Part 2 did you Line 4.19 of (<i>Check one</i>):	ou list the original creditor?

Debtor 1 Jennifer I. Tunnell Debtor 2 James Andrew Morrison	Case number (if known)
2965 Winners Circle Suite 115 Shakopee, MN 55379-4473	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Pay Pay Credit P.O. Box 5018 Lutherville Timonium, MD 21094	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Pay Pay Credit P.O. Box 5138 Lutherville Timonium, MD 21094	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Portfolio Recovery Associates P.O. Box 12914 Norfolk, VA 23541	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Portfolio Recovery Associates 140 Corporate Boulevard Norfolk, VA 23502	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Portfolio Recovery Associates Dept. 922 P.O. Box 4115 Concord, CA 94524	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Portfolio Recovery Associates P.O. Box 41067 Norfolk, VA 23541	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Portfolio Recovery Associates 120 Corporate Boulevard Norfolk, VA 23502	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Professional Service Bureau 911 Lund Boulevard, Suite 100 P.O. Box 548 Anoka, MN 55303-0548	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Professional Service Bureau P.O. Box 548 Anoka, MN 55303-0548	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address State Collection Service, Inc. 2509 South Stoughton Road P.O. Box 6250 Madison, WI 53716-0250	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

Debtor 1 Jennifer I. Tunnell James Andrew Morrison		Case number (if known)	
Name and Address On which entry in Part 1 or Part 2		did you list the original creditor?	
Synchrony Bank	Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Attn: Bankruptcy Department P.O. Box 71782 Philadelphia, PA 19176-1782		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	
Unifin, Inc.	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. Box 4519 Skokie, IL 60076-4519		Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 1,865.14
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,865.14
				Total Claim
	6f.	Student loans	6f.	\$ 56,893.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 87,588.45
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 144,481.45

Fill in this information to identify your case:							
Debtor 1 Jennifer I. Tunnell							
	First Name	Middle Name	Last Name				
Debtor 2	James Andrew M	orrison					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF MINNESOTA					
Case number				☐ Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Oldic	Zii Gode	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	-

Fill in this	information to identify you	ir casa:			
Debtor 1	Jennifer I. Tunn				
Debioi i	First Name	Middle Name	Last Name		
Debtor 2	James Andrew				
(Spouse if, filing		Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the	DISTRICT OF MINNES	ОТА		
Case num	her				
(if known)					☐ Check if this is an
					amended filing
					-
Officia	I Form 106H				
Sched	lule H: Your Co	debtors			12/15
your name	and case number (if know you have any codebtors? (n). Answer every question	i.		p of any Additional Pages, write
1. 50	you have any obacolors.	in you are minig a joint oace,	do not not citier opouse	do a codebior.	
■ No					
☐ Yes	3				
Arizon	hin the last 8 years, have y a, California, Idaho, Louisiar Go to line 3.				ty states and territories include
☐ Yes	s. Did your spouse, former sp	oouse, or legal equivalent liv	e with you at the time?		
in line Form out Co	2 2 again as a codebtor only 106D), Schedule E/F (Officolumn 2. **Column 1: Your codebtor**	y if that person is a guarar ial Form 106E/F), or Sched	ntor or cosigner. Make	sure you have listed to 06G). Use Schedule D, Column 2: The cre	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt
ı	Name, Number, Street, City, State and	IZIP Code		Check all schedule	
3.1				☐ Schedule D, lin	ne.
	Name			☐ Schedule E/F,	
				☐ Schedule G, lin	
-	Number Street			_	
	Number Street City	State	ZIP Code		
2.0				O Coheadula D. P.	
3.2	Name			_ □ Schedule D, lin □ Schedule E/F,	
				☐ Schedule E/F, I	
_					
	Number Street City	State	ZIP Code		
	Ony	Otate	Zir Code		

Fill	in this information to	identify your ca	ase:							
Deb	otor 1	Jennifer I. Tu	unnell							
	otor 2 buse, if filing)	James Andr	ew Morrison							
Uni	ted States Bankrupt	cy Court for the	DISTRICT OF MINNE	SOTA						
	se number nown)					□ Aı		ent showing	postpetition c	chapter
\bigcirc	fficial Form	1061				_			lowing date:	
						M	M / DD/ Y	YYY		
	chedule I: \		OME sible. If two married peo							12/15
atta	ch a separate shee t 1: Describe Fill in your emplo	t to this form. (Employment	r spouse is not filing wi On the top of any additi				mber (if I	known). An	swer every o	
	information.							or non-fili	ng spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed			☐ Emplo	•			
			☐ Not employed			■ Not er	mployed			
	employers.		Occupation	Audiology Manag	er					
	Include part-time, self-employed wor		Employer's name	Mayo Clinic Healt	h System					
	Occupation may in or homemaker, if it		Employer's address	1025 Marsh Street Mankato, MN 5600						
			How long employed the	here? 19 Years			_			
Par	rt 2: Give Det	ails About Mon	thly Income							
	mate monthly inco use unless you are s		ate you file this form. If y	you have nothing to repo	ort for any lin	ie, write	\$0 in the	space. Incl	ıde your non-	filing
	ou or your non-filing s e space, attach a se		ore than one employer, co this form.	ombine the information f	or all employ	ers for t	that perso	n on the line	es below. If yo	ou need
					F	For Deb	otor 1	For Debt non-filin	tor 2 or g spouse	
2.			ry, and commissions (becalculate what the month)		2. \$_	11,	993.43	\$	0.00	
3.	Estimate and list	monthly overti	ime pay.		3. +\$_		0.00	+\$	0.00	

11,993.43

\$

0.00

4. **Calculate gross Income.** Add line 2 + line 3.

Case number (if known)

			Foi	r Debtor 1		Debtor 2 or n-filing spouse	
	Copy line 4 here	4.	\$	11,993.43	\$	0.00	
_							
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$_	3,403.18	\$_	0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$_	714.37	\$_	0.00	<u>-</u>
	5c. Voluntary contributions for retirement plans	5c.	\$_	0.00	\$_	0.00	
	5d. Required repayments of retirement fund loans	5d.	\$_	1,137.50	\$_	0.00	
	5e. Insurance	5e.	\$_	550.33	\$_	0.00	=
	5f. Domestic support obligations	5f.	\$_	0.00	\$_	0.00	
	5g. Union dues	5g.	\$_	0.00	\$_	0.00	-
	5h. Other deductions. Specify: Health Care FSA	5h.+	\$_	212.51	_	0.00	-
	Legal Insurance		\$_	19.39	\$_	0.00	
	Mayo 403(b) Roth IRA Employee Contribution		\$_	238.12	\$_	0.00	
	Family Life Insurance - Spouse		\$_	21.23	\$_	0.00	=
	Group Universal Life Insurance		\$_	19.98	\$_	0.00	
	United Way		\$_	43.33	\$_	0.00	-
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	6,359.94	\$_	0.00	-
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	5,633.49	\$_	0.00	=
8.	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	\$	0.00	\$	0.00	
	8b. Interest and dividends	8a. 8b.	φ_ \$	0.00	» \$	0.00	=
	8c. Family support payments that you, a non-filing spouse, or a depe		Φ_	0.00	Φ_	0.00	
	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	e 8c.	\$_	0.00	\$	0.00	-
	8d. Unemployment compensation	8d.	\$_	0.00	\$_	0.00	
	8e. Social Security	8e.	\$_	0.00	\$	0.00	-
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash ass that you receive, such as food stamps (benefits under the Supplemen Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	0.00	
	8g. Pension or retirement income	8g.	\$	0.00	\$	0.00	-
	8h. Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	0.00	D
	0.1.1.4						
10.	Calculate monthly income. Add line 7 + line 9.	10. \$		5,633.49 + \$		0.00 = \$	5,633.49
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	State all other regular contributions to the expenses that you list in Scalinclude contributions from an unmarried partner, members of your household other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a Specify:	d, your depend		•		Schedule J. 11. +\$	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. Write that amount on the Summary of Schedules and Statistical Summary of applies					12. \$	5,633.49
						Combir monthly	nea y income
13.	Do you expect an increase or decrease within the year after you file thi No.	is form?					,
	Yes. Explain:						
	h						

Fill	in this informa	ation to identify yo	our case:			l		
Deb	tor 1	Jennifer I. Tu	unnell			Che	eck if this is:	
	otor 2 ouse, if filing)	James Andr	ew Morri	son			An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: DISTRI	CT OF MINNESOTA			MM / DD / YYYY	
Cas	e number							
	nown)							
Of	fficial Fo	orm 106J				_		
		J: Your	Exper	ises				12/15
Be info	as complete ormation. If m	and accurate as	possible.	If two married people a ch another sheet to this	re filing together, b form. On the top o	oth are equ f any additi	ually responsible fo ional pages, write y	or supplying correct your name and case
Par 1.	t 1: Desc	ribe Your House nt case?	ehold					
••	□ No. Go to							
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Del	otor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Child		15	Yes
								□ No □ Yes
								□ No
								Yes
								□ No □ Yes
3.	expenses of	penses include of people other t	nan $_{\square}$	No Yes				□ res
		d your depende	iito i					
exp	imate your e	a date after the	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a sup				
the		h assistance an		government assistance luded it on Schedule I:			Your exp	enses
4.		or home owners		ses for your residence.	Include first mortgag	le 4.	\$	1,500.00
	. ,	ded in line 4:	•					
						40	¢	0.00
		estate taxes erty, homeowner's	s. or renter	's insurance		4a. 4b.		0.00
		-		ipkeep expenses		4c.		75.00
	4d. Home	eowner's associat	tion or cond	dominium dues		4d.	·	0.00
5.	Additional	mortgage paym	ents for yo	our residence, such as ho	ome equity loans	5.	\$	0.00

Debtor 1 Jennifer I. Tunnell
Debtor 2 James Andrew Morrison

Case number (if known)

				· · · · · · · · · · · · · · · · · · ·
6.	Utilities:			
٠.	6a. Electricity, heat, natural gas	6a.	\$	350.00
	6b. Water, sewer, garbage collection	6b.	\$	275.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	350.00
	6d. Other. Specify: Internet	6d.	\$	50.00
7.	Food and housekeeping supplies	_ 7.	\$	800.00
8.	Childcare and children's education costs	8.	\$	150.00
9.	Clothing, laundry, and dry cleaning	9.	\$	250.00
10.	Personal care products and services	10.	\$	75.00
	Medical and dental expenses	11.	\$	100.00
12.	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.		250.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	60.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.	4-	Φ.	
	15a. Life insurance	15a.	· —	0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.		230.00
	15d. Other insurance. Specify:	_ 15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17	Installment or lease payments:		–	0.00
• • •	17a. Car payments for Vehicle 1	17a.	\$	518.00
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify:	17c.	·	0.00
	17d. Other. Specify:	17d.		0.00
18.	Your payments of alimony, maintenance, and support that you did not report as		·	
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedu	īle I: Yo	our Incom	ie.
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify: Automobile licenses, repairs and oil changes	21.	+\$	100.00
22	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	5,133.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,133.00
			Ψ —	.
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,133.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,633.49
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	5,133.00
	23c. Subtract your monthly expenses from your monthly income.	23c.		500.49

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtors live in separate residences. Debtor #1 resides in an apartment in Mankato, MN and Debtor #2 resides in the marital homestead in Belle Plaine, MN. The debtors' living expenses are high, accordingly. The debtors will be getting a divorce in the near future, too.

Fill in this infor	mation to identify your	case:		
Debtor 1	Jennifer I. Tunne	I		
	First Name	Middle Name	Last Name	
Debtor 2	James Andrew M	orrison		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MINNESOT	TA .	
Case number				
(if known)				☐ Check if this is an amended filing
If two married p You must file th obtaining mone	tion About a	r, both are equally respons le bankruptcy schedules o n connection with a bankru		
Sig	ın Below			
Did you pa	ay or agree to pay some	one who is NOT an attorne	y to help you fill out bankruptc	y forms?
■ No				
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the summa	ary and schedules filed with thi	s declaration and
	nnifer I. Tunnell		X /s/ James Andrew	Morrison
	er I. Tunnell		James Andrew Mo	rrison
Signatu	ire of Debtor 1		Signature of Debtor 2	
Date	August 24, 2023		Date August 24, 2	2023

Fill i	n this inforn	nation to identify you	case:						
Debt		Jennifer I. Tunne							
		First Name	Middle Name	Last Name					
Debte (Spous	or 2 se if, filing)	James Andrew I	Morrison Middle Name	Last Name					
		nkruptcy Court for the:	DISTRICT OF MINNESO	TA					
Casa	number								
(if know	_				_	heck if this is an mended filing			
					· · · · · · · · · · · · · · · · · · ·				
		<u>rm 107</u> of Financial	Affairs for Individ	luals Filing for B	ankruntov	04/22			
					equally responsible for supp				
inforr	nation. If m	ore space is needed,	attach a separate sheet to		additional pages, write you				
		n). Answer every ques							
Part			rital Status and Where You	Lived Before					
1. V	vnat is you	r current marital statu	5?						
[■ Married □ Not mar	ried							
2. [Ouring the last 3 years, have you lived anywhere other than where you live now?								
	■ No								
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory				
	_		,,,,		gg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
[■ No □ Yes. Ma	ake sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (Ot	ficial Form 106H).					
-		·	,						
Part	2 Explai	n the Sources of You	r Income						
F	fill in the total	al amount of income yo	nployment or from operating understand a received from all jobs and a have income that you receive	all businesses, including part-		dar years?			
Г	□ No								
i	_	in the details.							
			Debtor 1		Debtor 2				
			Sources of income	Gross income	Sources of income	Gross income			
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)			
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$95,815.24	☐ Wages, commissions, bonuses, tips	\$0.00			
			☐ Operating a business		☐ Operating a business				

		lrew Morris			e number (if known)	
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	alendar year: 1 to Decembe	r 31, 2022)	■ Wages, commissions, bonuses, tips	\$132,938.29	■ Wages, commissions, bonuses, tips	\$90,501.69
			☐ Operating a business		☐ Operating a business	
	alendar year b 1 to Decembe		■ Wages, commissions, bonuses, tips	\$135,345.42	■ Wages, commissions, bonuses, tips	\$102,434.5
			☐ Operating a business		☐ Operating a business	
_	vo ∕es. Fill in the o	details.	Debtor 1 Sources of income	Gross income from	Debtor 2 Sources of income	Gross income
	No /es. Fill in the o	details.				
				Gross income from		Gross income
			Describe below.	each source (before deductions and exclusions)	Describe below.	(before deductions and exclusions)
Part 3:	List Certain F	Payments You	ı Made Before You Filed for	Bankruptcy		
_	No. Neither I individua During th No. Yes	Debtor 1 nor I primarily for e 90 days bef Go to line List below paid that c not include	2's debts primarily consume Debtor 2 has primarily consume a personal, family, or househouse you filed for bankruptcy, do 7. each creditor to whom you pareditor. Do not include payment a payments to an attorney for the on 4/01/25 and every 3 years.	umer debts. Consumer debtoold purpose." id you pay any creditor a total id a total of \$7,575* or more ints for domestic support obliques to be an kruptcy case.	I of \$7,575* or more? n one or more payments and attions, such as child suppor	d the total amount you t and alimony. Also, do
			or both have primarily const ore you filed for bankruptcy, d		I of \$600 or more?	
	□ No.	Go to line	7.			
	■ Yes	List below include pa	each creditor to whom you pa yments for domestic support c or this bankruptcy case.			

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
U.S. Bank P.O. Box 2188 Oshkosh, WI 54903-2188	Monthly payments of \$518.00 for May, June, July and August of 2023	\$2,072.00	\$15,730.59	 ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other

	btor 1 btor 2	Jennifer I. Tunnell James Andrew Morrison		Cas	e number (if known)	
7.	<i>Inside</i> of whi	n 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artners; relatives of any ger a control, or owner of 20% of	neral partners; partne or more of their voting	erships of which you	ou are a genera any managing ag	I partner; corporation gent, including one fo
	_	No Yes. List all payments to an insider.					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
insid		n 1 year before you filed for bankrupt er? le payments on debts guaranteed or cos		ments or transfer a	ny property on a	account of a de	bt that benefited an
		No Yes. List all payments to an insider					
	Insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include credi	this payment tor's name
Pa	rt 4:	Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	List al	n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of the	e case
10.		n 1 year before you filed for bankrupt k all that apply and fill in the details belo		erty repossessed, f	oreclosed, garni	shed, attached	, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.					
	Cred	litor Name and Address	Describe the Property		Date	•	Value of the property
			Explain what happened	d			r -rr- 3
	P.O.	da Financial Services . Box 1844 naretta, GA 30023-1844	Deficiency balance f and sale of 2020 Hor			23/2023	\$20,000.00
	•	·	■ Property was reposse	essed.			
			☐ Property was foreclos				
			☐ Property was garnish	ed.			
105		edom Road Financial 09 Professional Circle e 100	Deficiency balance following the repossession of 2022 Triumph Trident 660			23/2023	\$10,000.00
		o, NV 89521	■ Property was reposse	essed.			
			Property was foreclos				
			☐ Property was garnish				
			☐ Property was attache	d, seized or levied.			

Del	otor 2 James Andrew Morrison		Case number	(if known)	
	Creditor Name and Address	De	escribe the Property	Date	Value of the property
		Ex	plain what happened		ргоролу
	Wells Fargo Home Mortgage P.O. Box 14411 Des Moines, IA 50306-3411	56 Lo 95	6 North Meridian Street Belle Plaine, MN 6011 Sibley County of 10 and the South half of Lot 11, Block 6, Belle Plaine, Scott County, Minnesota. oreclosure sale has not been scheduled et.		\$313,000.00
			Property was repossessed.		
			Property was foreclosed.		
			Property was garnished.		
			Property was attached, seized or levied.		
	accounts or refuse to make a payment No Yes. Fill in the details. Creditor Name and Address	because	did any creditor, including a bank or financial in a you owed a debt? escribe the action the creditor took	Date action was	Amounts
	Creditor Name and Address	, D	escribe the action the creditor took	taken	Amount
	Yes List Certain Gifts and Contributi Within 2 years before you filed for ban No Yes. Fill in the details for each gift.		did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$	600	Describe the gifts	Detec you gove	Value
	per person	000	Describe the gifts	Dates you gave the gifts	value
	Person to Whom You Gave the Gift at Address:	nd			
14.	Within 2 years before you filed for ban ■ No □ Yes. Fill in the details for each gift o		did you give any gifts or contributions with a totation.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP C	t total	Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses				
15.	Within 1 year before you filed for bank or gambling?	ruptcy o	r since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
	■ No				
	☐ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred		ibe any insurance coverage for the loss	Date of your	Value of property
	now the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost

Debtor 1 Jennifer I. Tunnell

Deb	tor 2	Jennifer I. Tunnell James Andrew Morrison		Case number	(if known)	
200		danies Andrew Morrison		, , , , , , , , , , , , , , , , , , ,		
Part	7:	List Certain Payments or Transfers				
	consu	n 1 year before you filed for bankruptcy, culted about seeking bankruptcy or prepare e any attorneys, bankruptcy petition prepare	ing a bankruptcy petition?			rty to anyone you
		No				
	■ Y	es. Fill in the details.				
	Addr Emai	on Who Was Paid ess il or website address on Who Made the Payment, if Not You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
	378 Jers	Debtorcc, Inc. Summit Avenue ey City, NJ 07306 ://www.debtorcc.org	Credit counseling course		04/05/2023	\$34.90
	424 Suite Man	m Law Group, Ltd. Park Lane e 1 kato, MN 56001 hen@mankatobankruptcy.com	Attorney Fees		07/21/2023	\$313.00
	promi Do no	n 1 year before you filed for bankruptcy, of ised to help you deal with your creditors of tinclude any payment or transfer that you liston	or to make payments to your creditor		or transfer any prope	rty to anyone who
	□ Y	es. Fill in the details.				
	Perso Addr	on Who Was Paid ress	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
i	transf Includ includ	n 2 years before you filed for bankruptcy, ferred in the ordinary course of your busi le both outright transfers and transfers made e gifts and transfers that you have already liston. Yes. Fill in the details.	ness or financial affairs? as security (such as the granting of a			
	Perso Addr	on Who Received Transfer ess	Description and value of property transferred		any property or received or debts change	Date transfer was made
	Pers	on's relationship to you		para iii ox		
I	benef ■ N	n 10 years before you filed for bankruptcy iciary? (These are often called asset-protect No Yes. Fill in the details.		elf-settled tru	ust or similar device	of which you are a
	Name	e of trust	Description and value of the prope	erty transferr	ed	Date Transfer was made

Debtor 1 **Jennifer I. Tunnell**Debtor 2 **James Andrew Morrison**

Case number (if known)

Par	8: List of Certain Financial Accounts, I	nstrur	ments, Safe Depos	it Boxes, and Sto	orage Unit	s		
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, ass	or ot	her financial acco	unts; certificates	of deposi		•	-
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		st 4 digits of count number	Type of account instrument	int or	Date account was closed, sold, moved, or transferred	Last bal before closir trai	
21.	Do you now have, or did you have within 1 cash, or other valuables?	l year	before you filed fo	or bankruptcy, ar	ıy safe dep	posit box or other deposi	tory for securiti	ies,
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)					the contents	Do you still have it?	
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	NoYes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)				the contents	Do you still have it?		
Par	9: Identify Property You Hold or Control	ol for S	Someone Else					
23.	Do you hold or control any property that s for someone.	omeo	ne else owns? Inc	lude any propert	y you bori	rowed from, are storing f	or, or hold in tru	ust
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City, Code)		Describe	the property	V	/alue
Par	10: Give Details About Environmental In	forma	ation					
For	he purpose of Part 10, the following defini	tions	apply:					
	Environmental law means any federal, statoxic substances, wastes, or material into regulations controlling the cleanup of these	the ai	ir, land, soil, surfa	ce water, ground	• .	•		is or
	Site means any location, facility, or proper to own, operate, or utilize it, including disp	-		environmental la	aw, wheth	er you now own, operate	, or utilize it or	used
	Hazardous material means anything an en hazardous material, pollutant, contaminan	vironi	mental law defines	as a hazardous	waste, ha	zardous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings t	hat yo	ou know about, reç	ardless of when	they occu	ırred.		
24.	Has any governmental unit notified you th	at you	ı may be liable or ı	ootentially liable	under or i	n violation of an environr	mental law?	
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)		Governmental u Address (Number,	nit Street, City, State and		onmental law, if you it	Date of noti	ice

25. Have you notified any governmental unit of any release of hazardous material?										
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)	A	OVERNMEI ddress (N P Code)	ntal unit umber, Street, City, State ar		Environme know it	ental law, if you	Date of notice	
26.	Hav	e you been a party in any judicial or adm	inistrat	ive proce	eeding under any env	ironn	nental law?	Include settlements	and orders.	
		No Yes. Fill in the details.								
		se Title se Number	N:	ourt or aç ame ddress (N ate and ZIP	umber, Street, City,	Nat	ure of the o	case	Status of the case	
Par	11:	Give Details About Your Business or	Connec	tions to A	Any Business					
27.	Witl	nin 4 years before you filed for bankrupt	cy, did y	ou own a	a business or have a	ny of	the followi	ng connections to an	y business?	
		☐ A sole proprietor or self-employed in	-			-				
		■ A member of a limited liability comp	any (LL	C) or limi	ted liability partnersh	nip (Ll	LP)			
		☐ A partner in a partnership								
		☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
		No. None of the above applies. Go to P	f the above applies. Go to Part 12.							
		Yes. Check all that apply above and fill	in the d	letails be	low for each busines	S.				
	Business Name		Describe the nature of the business			Employer	Identification numbe	r		
	Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper			Do not include Social Security number or ITIN.				
	, .	(1.1.1.20., 0.1.30., 0.1.3, 0.1.1.2 1.1.2 1.1.2 1.1.2		Name of accountant of bookkeeper			Dates business existed			
		dent V3, LLC					EIN:	88-3582572		
		416 North Meridian Street Belle Plaine, MN 56011					From-To 07/01/2022 to present			
28.		nin 2 years before you filed for bankruptoitutions, creditors, or other parties.	cy, did y	ou give a	a financial statement	to an	yone abou	t your business? Incl	ude all financial	
	_	Ma								
	_	No Yes. Fill in the details below.								
	Na	me	Date Is	sued						
		dress mber, Street, City, State and ZIP Code)								
Par		Sign Below								
are t	rue a ba	ad the answers on this <i>Statement of Fin</i> and correct. I understand that making a ankruptcy case can result in fines up to \$. §§ 152, 1341, 1519, and 3571.	false sta	atement,	concealing property,	or ob	taining mo	oney or property by fr		
/s/ .	Jen	nifer I. Tunnell		/s/ Jan	nes Andrew Morris	on				
		er I. Tunnell			Andrew Morrison					
Sigi	natu	re of Debtor 1		Signati	re of Debtor 2					
Date	e /	August 24, 2023		Date	August 24, 2023					
Did v	vou:	attach additional pages to Your Stateme	nt of Fil	nancial A	ffairs for Individuals	Filino	ı for Bankrı	uptcv (Official Form 1	07)?	

Debtor 1 Debtor 2	Jenniter I. Tunnell James Andrew Morrison	Case number (if known)	
☐ Yes			
Did you pa	ay or agree to pay someone who is not an attorney to help you fill o	out bankruptcy forms?	
■ No			
☐ Yes. Na	ame of Person Attach the Bankruptcy Petition Preparer's Notice	, Declaration, and Signature (Official Form 119	9).

United States Bankruptcy Court District of Minnesota

In re	Jennifer I. Tunnell James Andrew Morrison		Case No.		
		Debtor(s)	Chapter	13	
			NEW EOD DI	EDEOD	

	Debtoi(s) Chapter 10
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
pai	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named tor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be d to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the kruptcy case is as follows:
Pri	r legal Services, I have agreed to accept \$ 5,000.00 or to the filing of this statement I have received \$ 0.00 lance Due \$ 5,000.00
2.	The source of the compensation paid to me was: ■ Debtor □ Other (specify)
3.	The source of the compensation to be paid to me is: ■ Debtor □ Other (specify)
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and ociates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or ociates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in compensation, is attached.
5. req	In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract uired by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
	b Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
	c. . Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
	d Representation of the debtor in contested bankruptcy matters; and
	e Other services reasonably necessary to represent the debtor(s).

Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

Fill in this information to identify your case:						
Debtor 1	Jennifer I. Tunnell					
Debtor 2 (Spouse, if filing)	James Andrew Morr	ison				
United States B	Sankruptcy Court for the:	District of Minnesota				
Case number						

Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 2 or Debtor 1 non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 11,213.42 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Debtor 1 Debtor 2 Jennifer I. Tunnell James Andrew Morrison

Case number (if known)

					Colur Debte		1	Column B Debtor 2 on non-filing		
7.	Interest.	dividends, and royalties			\$	0.	00	\$	0.00	
	•	yment compensation			\$	0.	.00	\$	0.00	
		ter the amount if you contend that the a Security Act. Instead, list it here:	mount received was a be	enefit under				·		
	For you	I	\$	0.00						
	For you	ır spouse		0.00						
9.	benefit un not include United Sta disability, pay paid u does not e	or retirement income. Do not include a der the Social Security Act. Also, except any compensation, pension, pay, annuates Government in connection with a dor death of a member of the uniformed under chapter 61 of title 10, then include exceed the amount of retired pay to while any provision of title 10 other than	ot as stated in the next se uity, or allowance paid b isability, combat-related services. If you received that pay only to the exte ch you would otherwise b	entence, do y the injury or any retired ent that it	\$	0.	00 :	\$	0.00	
10.	Do not incorreceived a domestic to United Statistically,	rom all other sources not listed abovelude any benefits received under the Sas a victim of a war crime, a crime againterrorism; or compensation, pension, pates Government in connection with a dor death of a member of the uniformed in a separate page and put the total belong.	ocial Security Act; payments humanity, or internationally, annuity, or allowance isability, combat-related services. If necessary, lie	ents onal or paid by the injury or						
					\$	0.	00	\$	0.00	
					\$	0.	00	\$	0.00	
	T	otal amounts from separate pages, if a	ny.	+	\$	0.	00	\$	0.00	
11.	each colu	your total average monthly income. mn. Then add the total for Column A to	the total for Column B.	or \$1	1,213.	<u>42</u> +	\$	0.00	Total	1,213.42 average thly income
		ır total average monthly income from	line 11.						\$ 1°	1,213.42
13.	Calculate	the marital adjustment. Check one:								 -
	☐ You	are not married. Fill in 0 below.								
	You	are married and your spouse is filing wi	th you. Fill in 0 below.							
	Fill ir depe Belov adjus	are married and your spouse is not filing the amount of the income listed in line endents, such as payment of the spousew, specify the basis for excluding this in stments on a separate page.	11, Column B, that was b's tax liability or the spoucome and the amount of	ıse's suppo	t of so	meone oth	er than	you or you	ır depender	nts.
				\$						
				\$						
				+\$			_			
		Total		\$		0.00	Сору	here=>		0.00
14.	Your cu	rrent monthly income. Subtract line 1	3 from line 12.						\$1	1,213.42
15.		te your current monthly income for thopy line 14 here=>	ne year. Follow these sto	eps:					\$1	1,213.42

Debtor 1 Debtor 2	James Andrew Morrison	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a	a year).	x 12
15	5b. The result is your current monthly income for the	year for this part of the form	\$ 134,561.04
16. Ca	alculate the median family income that applies to yo	ou. Follow these steps:	
168	Sa. Fill in the state in which you live.	MN	
161	6b. Fill in the number of people in your household.	4	
	Sc. Fill in the median family income for your state and six To find a list of applicable median income amounts, instructions for this form. This list may also be available to the lines compare?	go online using the link specified in the separate	\$ 141,324.00
178		n the top of page 1 of this form, check box 1, <i>Disposable in</i> DT fill out <i>Calculation of Your Disposable Income</i> (Official	
171		of page 1 of this form, check box 2, <i>Disposable income is</i> of lation of Your Disposable Income (Official Form 122C-pove.	
Part 3:	Calculate Your Commitment Period Under 11 U	J.S.C. § 1325(b)(4)	
18. Co	ppy your total average monthly income from line 11		\$ 11,213.42
cor spo	educt the marital adjustment if it applies. If you are noted that calculating the commitment period under 11 youse's income, copy the amount from line 13.	U.S.C. § 1325(b)(4) allows you to deduct part of your	0.00
198	a. If the marital adjustment does not apply, fill in 0 on lin	ine 19a.	-\$0.00
198	b. Subtract line 19a from line 18.		\$11,213.42
	alculate your current monthly income for the year. For		¢ 11,213.42
200			Ψ
	Multiply by 12 (the number of months in a year).		x 12
201	b. The result is your current monthly income for the year	ar for this part of the form	\$ 134,561.04
200	Oc. Copy the median family income for your state and si	ize of household from line 16c	\$ 141,324.00
21.	. How do the lines compare?		
	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, on the top of page 1 of this form, c	heck box 3, The commitment
	Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on the top of page 1 o	f this form, check box 4, The
Part 4:	Sign Below		
Ву	signing here, under penalty of perjury I declare that the	ne information on this statement and in any attachments is	true and correct.
J	s/ Jennifer I. Tunnell Jennifer I. Tunnell Signature of Debtor 1	X /s/ James Andrew Morrison James Andrew Morrison Signature of Debtor 2	
	August 24, 2023 MM / DD / YYYY you checked 17a, do NOT fill out or file Form 122C-2.	Date <u>August 24, 2023</u> MM / DD / YYYY	

Jennifer I. Tunnell

Official Form 122C-1

Debtor 1 Debtor 2	Jennifer I. Tunnell		
	James Andrew Morrison	Case number (if known)	

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Minnesota

n re	Jennifer I. Tunnell James Andrew Morrison		Case No.	
		Debtor(s)	Chapter 13	3
	VFD	IFICATION OF CREDITOR	MATDIY	
	V EK	IFICATION OF CREDITOR	MAIKIA	
_				
e ab	ove-named Debtors hereby verify	that the attached list of creditors is true and	correct to the best of th	neir knowledge.
	ove-named Debtors hereby verify to August 24, 2023	that the attached list of creditors is true and	correct to the best of th	eir knowledge.
			correct to the best of th	eir knowledge.
		/s/ Jennifer I. Tunnell	correct to the best of th	neir knowledge.
ate:		/s/ Jennifer I. Tunnell Jennifer I. Tunnell	correct to the best of th	eir knowledge.
Date:	August 24, 2023	/s/ Jennifer I. Tunnell Jennifer I. Tunnell Signature of Debtor	correct to the best of th	neir knowledge.

AMERICAN HONDA FINANCE CORP. 2170 POINT BOULEVARD SUITE 100 ELGIN IL 60123

AMERICAN HONDA FINANCE CORP. 2170 POINT BOULEVARD SUITE 100 ELGIN IL 60123

AMERICAN HONDA FINANCE CORP. 1220 OLD APHARETTA ROAD SUITE 350 ALPHARETTA GA 30005

AMERICAN HONDA FINANCE CORP. 1220 OLD APHARETTA ROAD SUITE 350 ALPHARETTA GA 30005

APPLE CARD/GOLDMAN SACHS LOCKBOK 6112 P.O. BOX 7247 PHILADELPHIA PA 19170-6112

ASCENTIUM
P.O. BOX 859
MADISON WI 53707

ASCENTIUM CAPITAL P.O. BOX 301593 DALLAS TX 75303-1593

CAPITAL ONE CARD SERVICES
P.O. BOX 30285
SALT LAKE CITY UT 84130-0285

CHASE/AMAZON P.O. BOX 15298 WILMINGTON DE 19850-5298

CONSTART FINANCIAL SERVICES 10400 NORTH 25TH AVENUE SUITE 100 PHOENIX AZ 85021

CREDIT ONE BANK
P.O. BOX 98873
LAS VEGAS NV 89193-8873

CREDIT ONE BANK
P.O. BOX 99872
LAS VEGAS NV 89193-8872

FAIRVIEW HEALTH SERVICES P.O. BOX 9372 MINNEAPOLIS MN 55440-9372

FAIRVIEW HEALTH SERVICES 100 SOUTH OWASSO BLVD. WEST SAINT PAUL MN 55117

FAIRVIEW HEALTH SERVICES P.O. BOX 199 MINNEAPOLIS MN 55440-0199

FINGERHUT 6250 RIDGEWOOD ROAD SAINT CLOUD MN 56303

FINGERHUT
P.O. BOX 166
NEWARK NJ 07101-0166

FINGERHUT
P.O. BOX 70281
PHILADELPHIA PA 19176-0281

FINGERHUT CREDIT ACCOUNT SVCS P.O. BOX 1250 SAINT CLOUD MN 56395-1250

FINGERHUT CREDIT SERVICES P.O. BOX 70283 PHILADELPHIA PA 19176-0283

FINGERHUT CREDIT SERVICES P.O. BOX 70281 PHILADELPHIA PA 19176-0281

FREEDOM ROAD FINANCIAL 10509 PROFESSIONAL CIRCLE SUITE 100 RENO NV 89521

FREEDOM ROAD FINANCIAL P.O. BOX 4597 HINSDALE IL 60522-4597

HONDA FINANCIAL SERVICES P.O. BOX 1844 ALPHARETTA GA 30023-1844

HONDA FINANCIAL SERVICES NATIONAL SERVICE CENTER P.O. BOX 166469 IRVING TX 75016-6469

I.C. SYSTEM, INC. 444 HIGHWAY 96 EAST P.O. BOX 64378 SAINT PAUL MN 55164-0378 INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA PA 19101-7346

JEFFERSON CAPITAL SYSTEMS, LLC 16 MCLELAND ROAD SAINT CLOUD MN 56303

JEFFERSON CAPITAL SYSTEMS, LLC P.O. BOX 1120 CHARLOTTE NC 28201-1120

JEFFERSON CAPITAL SYSTEMS, LLC P.O. BOX 953185 SAINT LOUIS MO 63195-3185

JEFFERSON CAPITAL SYSTEMS, LLC P.O. BOX 772813 CHICAGO IL 60677-2813

JEFFERSON CAPITAL SYSTEMS, LLC DEPT. #6419 P.O. BOX 11407 BIRMINGHAM AL 35246-6419 KOHLS P.O. BOX 3043 MILWAUKEE WI 53201

KOHLS P.O. BOX 3044 MILWAUKEE WI 53201-3120

KOHLS P.O. BOX 1456 CHARLOTTE NC 28201-1456

KOHLS P.O. BOX 3043 MILWAUKEE WI 53201

KOHLS P.O. BOX 3044 MILWAUKEE WI 53201-3120

KOHLS P.O. BOX 1456 CHARLOTTE NC 28201-1456

KOHLS CAPITAL ONE P.O. BOX 3115 MILWAUKEE WI 53201-3115

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MAYO CLINIC P.O. BOX 4004 ROCHESTER MN 55903-4004 MAYO CLINIC 200 FIRST STREET S.W. ROCHESTER MN 55905-0001

MAYO CLINIC P.O. BOX 790127 SAINT LOUIS MO 63179-0127

MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE FL 32224-1865

MAYO CLINIC P.O. BOX 790339 SAINT LOUIS MO 63179-0339

NELNET P.O. BOX 82561 LINCOLN NE 68501

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NELNET P.O. BOX 87130 LINCOLN NE 68501-7130

NELNET P.O. BOX 9635 WILKES BARRE PA 18773-9635

ONE MAIN FINANCIAL BANKRUPTCY DEPARTMENT P.O. BOX 140069 IRVING TX 75014-0069 ONE MAIN FINANCIAL 2965 WINNERS CIRCLE SUITE 115 SHAKOPEE MN 55379-4473

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PORTFOLIO RECOVERY ASSOCIATES 120 CORPORATE BOULEVARD NORFOLK VA 23502

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SECURE BASE COUNSELING, LLC 570 PROFESSIONAL DRIVE NORTHFIELD MN 55057-2756

STATE COLLECTION SERVICE, INC. 2509 SOUTH STOUGHTON ROAD P.O. BOX 6250 MADISON WI 53716-0250

SYNCHRONY BANK ATTN: BANKRUPTCY DEPARTMENT P.O. BOX 71782 PHILADELPHIA PA 19176-1782

SYNCHRONY BANK/PAY PAL ATTN: BANKRUPTCY DEPARTMENT P.O. BOX 965060 ORLANDO FL 32896-5060

SYNCHRONY BANK/PPMC ATTN: BANKRUPTCY DEPARTMENT P.O. BOX 965005 ORLANDO FL 32896

SYNCHRONY BANK/VENMO ATTN: BANKRUPTCY DEPARTMENT P.O. BOX 71735 PHILADELPHIA PA 19176-1735 SYNCHRONY BANK/WARNER STELLIAN P.O. BOX 71754 PHILADELPHIA PA 19176-1754

U.S. BANK P.O. BOX 2188 OSHKOSH WI 54903-2188

UNIFIN, INC. P.O. BOX 4519 SKOKIE IL 60076-4519

WELLS FARGO CARD SERVICES P.O. BOX 10347 DES MOINES IA 50306

WELLS FARGO HOME MORTGAGE P.O. BOX 14411 DES MOINES IA 50306-3411

XTREAM/MEDIACOM P.O. BOX 110 WASECA MN 56093